<b>EVALUATION OF PRIVILEGES - TROOP MEDICAL</b>		PERIOD		CHECK ONE			
CLINIC DENTISTS  For use of this form, see AR 40-68; the proponent is OTSG		FROM TO			AC USAR ARNG		
		ORMED BY		TREATMENT FACILITY			
TITLE	DATE						
PRIVILEGES		RECOMMENDAT			ATIONS BY DEPT./SVS. CHIEF		
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCE ABLE		EXER-	
Diagnostic: All procedures except     00310 Sialography     00450 Macroscopic tissue examin     00451 Microscopic tissue examin							
2. Preventive: All procedures.							
3. <b>Restorative:</b> All procedures except 02400 (Series) Gold foil restorati 02500 (Series) Cast inlay restorat 02600 (Series) Porcelain restorat	ons itions						
4. Endodontics: All procedures except 03350 Apexification/Specification 03410 Apicoectomy 03420 Retrograde filling 03480 Pneumatization 03960 Bleaching discolored teeth 03970 Perforation repair 03980 Endodontic endosseus imp 03981 Endodontic internal splint	n treatment						
5. Peridontics: Only 04321 Provisional Splint, extraco 04330 Occlusal adjustment, limit 04342 Peridontal scaling 04343 Peridontal scaling and root 04351 Root desensitization	ed						
6. Removable Prosthodontics: Only 05611 Complete denture repair 05621 Partial denture repair 05810 Denture temporary - Maxil 05811 Denture temporary - Mand							
7. Fixed Prostholdontics: Only 06600 (Series) Repairs 06711 Acrylic resin interim (Prefa 06712 Acrylic resin interim (Auto 06718 Dowel & Core, metal 06709 Stainless steel, aluminum,	polyminizing)						
8. Oral Surgery: Only 07110 Tooth removal 07120 Tooth removal, complicate 07140 Tooth replantation 07210 Repair traumatic wounds, 07320 Alveoloplasty 07511 Incision and drainage 07811 Reduction of dislocation 07901 Postsurgical treatment 07902 Osteitis treatment							
9. Adjunctive General Services: All process of the control of the	nalgesia analgesia gesia						
Additional Privileges (S	Specify)						
COMMENTS (Borderline and unacceptable rating	gs will be addressed.) (Use reve	erse if needed.)					
RATER'S SIGNATURE					DATE		